

LEE COUNTY FOOD SERVICE PLAN REVIEW APPLICATION

***Review for Compliance with NC Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)**

All items are to be submitted to the Lee County Health Department Environmental Health Division at 900 Woodland Avenue, Sanford, NC 27330. The North Carolina *Rules Governing the Sanitation of Food Service Establishments* require that plans be submitted for approval **prior to** construction/renovation/modification/change of ownership of such facilities by the local Health Department.

Plans are reviewed using North Carolina's *Rules Governing the Sanitation of Food Service Establishments 15A NCAC 18A .2600*. These Rules may be viewed at <http://ehs.ncpublichealth.com/rules.htm> or obtain a copy from the Lee County Health Department, located at the above address. For additional information regarding facility design and layout, the webpage <http://ehs.ncpublichealth.com/ehsb/index.htm> is available for viewing.

Plan for franchised, chain, and prototyped facilities are required to be submitted to the North Carolina Dept. of Environment and Natural Resources, Division of Environmental Health, Facility and Plan Review Unit, Room 1A109, 2728 Capital Blvd., Raleigh, NC 27604. Checks must be made payable to DENR/EHSS.

If you have questions, contact the following Food and Lodging Staff listed below at 919-718-4641:

**William Heath Cain, REHS
Reg. Env. Health Specialist
Ext. 5331**

Plans must be submitted with the following supporting documentation:

- _____ Complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, can wash facility, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- _____ Plans must include a site plan locating exterior equipment such as walk-in coolers and/or freezers, additional storage space, etc.
- _____ A complete equipment list and corresponding manufactures spec. sheets
- _____ A proposed menu
- _____ A completed Food Service Plan Review Application
- _____ The appropriate Plan Review Fee
 - New Construction-----\$200.00
 - Remodel of Existing Establishment---\$175.00
 - Reopen of Existing Establishment----\$155.00

Type of Plan: New _____ Remodel _____ Reopen _____

Name of Establishment: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website information: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Owner (if different from Applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature: _____ **Date:** _____
(Applicant or Responsible Representative)

Hours of Operation:

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Number of Seats: _____

Facility total square feet: _____

Projected start date of construction/change of ownership: _____

Food Safety Knowledge:

Do any members of management have current ServSafe or equivalent food service certification? _____ *(must have by January 2014)*

Types of Food Service:

_____ Restaurant
_____ Food Stand
_____ Drink Stand
_____ Commissary
_____ Meat Market
_____ Other (explain) _____

Check all that apply:

_____ Sit down meals
_____ Take-out meals
_____ Catering

Utensils:

Multi-use (reusable): _____ Single-use (disposable): _____

Food Delivery Schedule (per week): _____

Indicate any **specialized process** that will take place:

_____ Curing _____ Acidification (sushi, etc.) _____ Smoking
_____ Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Explain checked processes:

Indicate any of the following **highly susceptible populations** that will be catered or served:

_____ Nursing/Rest Home _____ Childcare Center _____ Healthcare Facility
_____ Assisted Living Center _____ School with pre-school aged children or an immunocompromised population

Water Supply:

Type of water supply: (Check one)

- Non-public
- Community/Municipal
- Non-transient, non-community
- Transient, non-community

Is an annual water sample required of your establishment? (Check one)

- Yes
- No

Wastewater System:

Type of wastewater system: (Check one)

- Public sewer
- On-site septic system

Number of current seats: _____

Number of seats applying for: _____

Square footage of foodstand floor space: _____ # of Employees: _____

Water Heater:

Manufacturer and Model: _____

Storage Capacity: _____ gallons

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: _____ BTU's

Water heater recovery rate (gallons per hour at 100F rise): _____ GPH

If tankless, _____ GPM; Number of heaters: _____

*Water heater calculator on the Plan Review Unit web page at

<http://www.deh.enr.state.nc.us/food/planreview/app.htm>

HOT HOLDING

Foods that will be held **hot** before serving: _____

COLD HOLDING

Foods that will be held **cold** before serving: _____

FOODS PREPARED FOR IMMEDIATE SERVICE

List any foods that may be prepared for immediate service: *Ex. Eggs* _____

*****A consumer advisory must be posted as a reminder and a disclosure*****

EMPLOYEE HEALTH POLICY

Provide a proposed employee health policy: _____

DATE MARKING

Provide date-marking method to be used for foods that will be served once opened or prepared and served for greater than 24 hours: _____

BARE HAND CONTACT

Provide information for how you will prevent bare hand contact with ready-to-eat foods:
Ex. Tongs, gloves, spoons, _____

DRY STORAGE

Frequency of deliveries per week: _____ Square feet shelf space: _____ sq ft

Is a separate room designated for dry storage? _____

FINISH SCHEDULE

Floor, wall and ceiling finishes (vinyl tile, acoustic tile, baseboards, FRP, etc.)

AREA	FLOOR	BASE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Dry Storage				
Restrooms				
Can wash Area				
Other				
Other				

FOOD PREPARATION FACILITIES

Number of food prep sinks: ____ Are separate sinks provided for vegetables/meats? ____

Size of sink drain boards (inches): _____

How will sinks be sanitized after use or between meat species? _____

DISHWASHING FACILITIES

Hand Dishwashing

Number of sink compartments: _____

Size of sink compartments (inches): Length ____ Width ____ Depth ____

Length of drain boards (inches): Right ____ Left ____

Are the basins large enough to immerse your largest utensils? _____

What type of sanitizer will be used?

Chlorine ____ Quaternary ammonium ____ Hot water ____ Other ____

Mechanical Dishwashing

Will a dish machine be used? Yes ____ No ____

Dish machine manufacturer and model: _____

Hot water sanitizing? _____ Chemical Sanitizing? _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? _____

How many air-drying shelves will you have? _____

Calculate the square feet of total air-drying space: _____ sq. ft.

HANDWASHING

Indicate the number and locations of hand sinks in the establishment: _____

EMPLOYEE AREA

Indicate the location for storing employees' personal items: _____

GARBAGE, REFUSE, AND OTHER

Will trash be stored in the restaurant overnight? Yes _____ No _____ If so, how will it be stored to prevent contamination? _____

Location and size of can wash facility: _____

Are hot and cold water provided as well as a threaded nozzle? _____

Will dumpster be provided? _____ Do you have a contract with Garbage Refuse Company to replace dumpster as needed? _____

How will used grease be handled? _____

Is there a contract for grease trap cleaning? _____

Are all doors self-closing? _____ Fly fans provided? _____

Where will chemicals be stored? _____

Where will clean linen be stored? _____

Where will dirty linen be stored? _____

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions include specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food is delivered (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

FOOD PRODUCT _____

*****Additional Sheets are available**

The following questions will test how much you already know about food safety. Please answer to the best of your ability and as clearly as possible so that the REHS understands what you are trying to explain.

1. What are the final cook temps (F) of the following foods?
 - a. Chicken _____
 - b. Hamburger _____
 - c. Ground Sausage _____
 - d. Pork _____
 - e. Eggs _____
 - f. Steaks _____

2. Please place the following food items in order from top to bottom how they should be stored in a cooler: raw chicken, raw eggs, cooked vegetables, cooling food items, raw pork, raw hamburger, and beef steak.

Top _____

Bottom _____

3. Describe how to cool hot foods for next day's use. Explain procedure specifically, including time, temps to begin process, and size containers.

4. What minimum temperature (F) must leftovers be reheated to? _____

5. Will any items be served that are raw and/or undercooked?

6. Describe sanitizing procedure for pots, pans, and other utensils. Be specific.

7. Describe how to sanitize cutting boards, prep tables, prep sinks, and knives before and after work begins in this area and when switching from one food to another. Describe products used for cleaning and sanitizing area and the contact time.

8. Please list hot holding and cold holding temperatures of potentially hazardous foods.

Hot Holding _____
Cold Holding _____

9. Describe date marking method for foods once opened.
10. Describe employee health policy.
11. Explain how to use and calibrate thermometer.
12. Explain policy if there are cuts or burns on employee's hands
13. Explain procedure for preparing sanitizing solution.
14. Will and where will staff be allowed to smoke?
15. What distributors will be used?
16. Where will personal drinks be stored and how will they be stored?

These questions must be answered correctly to demonstrate whether the restaurant owner/manager is knowledgeable in food safety. These answers will determine whether the REHS proceeds to write a Permit/Transitional Permit.